7-1-1998

The Availability and Utilization of Assistance by Childless Elderly and Elderly Parents: A Comparative Study

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THE AVAILABILITY AND UTILIZATION OF ASSISTANCE BY CHILDLESS ELDERLY AND ELDERLY PARENTS: A COMPARATIVE STUDY

A Thesis

Presented to the

Department of Gerontology

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Social Gerontology

University of Nebraska at Omaha

by

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July 1998

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Arts in Social Gerontology, University of Nebraska at Omaha.

Committee

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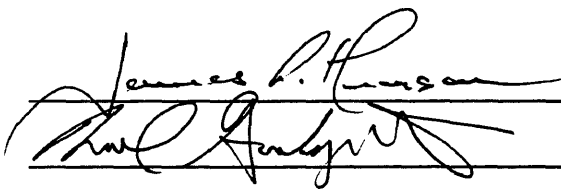

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THE AVAILABILITY AND UTILIZATION OF ASSISTANCE BY CHILDLESS ELDERLY AND ELDERLY PARENTS: A COMPARATIVE STUDY

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University of Nebraska, 1998

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Using data from the Survey of Asset and Health Dynamics Among the Oldest-Old, Wave 1, 1993, the differences between elderly parents and childless elderly in the sources of assistance that are available to them and utilized by them are examined. Parental status is examined for its effect on sources of assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), expected sources of future support with ADLs/IADLs, residence in a building or community which provides personal care services and with financial management. The effect is controlled for covariates of marital status, age, sex, and household income using regression models.

The examination found that the lack of or presence of children does affect who assists an elderly person. Overall, the childless respondents used more non-family sources of assistance with a broad spectrum of care needs. Implications of the findings are discussed and recommendations for future research are detailed.

THE AVAILABILITY AND UTILIZATION OF ASSISTANCE BY CHILDLESS ELDERLY AND ELDERLY PARENTS: A COMPARATIVE STUDY

Chapter 1

Introduction

Statement of the Problem

Children are the primary source of physical, emotional and economic support and the main facilitators and advocates of older adults' support networks (Choi, 1994; Lowenthal & Robinson, 1976; Norris, 1988; Shanas, 1962; 1979). Childless older persons lack this source of assistance. This leads to questions about the types and patterns of support and assistance that are available to and utilized by childless elderly as compared to elderly with children. The types of assistance available to elderly can be addressed by examining kin availability and relationship to primary caregiver. The types and patterns of assistance utilized by elderly include living arrangements, assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) and assistance with financial management.

Background of the Problem

There are demographic indications that the proportion of persons who are childless is increasing in the United States. As shown in Table 1, the rate of childlessness in 20-24 year old women has increased by almost 75 percent from 24 percent in 1960 to

41 percent in 1979. The rate of childlessness in women 25-29 years of age has doubled from 13 percent in 1960 to 26 percent in 1979 (U.S. Bureau of the Census, 1980). A 1979 report on population characteristics predicted that a large proportion of these women had not merely delayed motherhood but had chosen to remain childless (U.S. Bureau of the Census, 1980). One leading authority even predicted that the trend of lower birth rates in the 1960s and 1970s is irreversible, and that there will consistently be at least a 25 percent rate of childlessness in America into the next century (Westoff, 1978).

Table 1. Rate of Childlessness of Women by Age, 1960 and 1979

Age Cohort	Year	Percent Childless
20-24	1960	24
	1979	41
25-29	1960	13
	1979	26

Source: U.S. Bureau of the Census, 1980, p. 19.

An analysis of current fertility rates also indicates that childlessness is on the rise (see Table 2). In June 1976, 10.2 percent of women 40 to 44 years old, which is considered the end of childbearing years, were childless. In June 1992, 16.0 percent were childless. In addition, women 30 to 35 and 35 to 39 years old, and nearing the end of their childbearing years, had 25.7 and 17.7 percent levels of childlessness in June 1990, respectively. This was 10.1 and 7.2 percent higher, respectively, than for women the same ages in 1976 (Bachu, 1993). Fertility is a characteristic of women. There are no data for childless rates of men, but it can be assumed that the trend is similar for them (May, 1995). It is apparent that as the percent of women who remain childless at or near the end of their childbearing years increases, there will be a corresponding increase in the

proportion of persons who are or will be childless in their later years. At present, over 20 percent of the elderly are childless, either as a result of nonparenthood or of surviving their children (Alexander et al, 1992; Johnson & Catalano, 1981; Rubenstein, Lubben & Mintzer, 1994).

Table 2. Fertility Rate of Women by Age, 1976-1990

Age Cohort	Year	Percent Childless
40-44	1976	10.2
	1980	10.1
	1985	11.4
	1992	16.0
35-39	1976	10.5
	1980	12.1
	1985	16.7
	1990	17.7
30-35	1976	15.6
	1980	19.8
	1985	26.2
	1990	25.7

Source: Bachu, 1993, p. 13.

Profiles of Childless Elderly

Deliberately Childless. The most obvious group of persons who are at risk are those who make a deliberate and conscious choice not to have children. There are as many reasons not to have children as there are persons who are childless by choice. Some of the forces which have affected and which will continue to affect the growth of this group include social acceptance of couples living together outside of marriage and of nonparenthood, religion, the economy and finances, the availability of contraceptive and abortion methods, the feminist movement, and concerns about overpopulation (Burgwyn,

1981; May, 1995). One indication of the growth of this group is that in 1988, 15.8 percent of all women age 35 to 44 who had no prior births, or their husbands, had a sterilization procedure performed to prevent pregnancy. In 1982, the percentage was too small to meet statistical standards for reliability (U.S. Bureau of the Census, 1992, p. 72). Another indication is the increasing influence of several national organizations, for example the National Alliance for Non-Parenthood (NANP), whose purposes are to create social acceptance for the childfree lifestyle (Burgwyn, 1981; May, 1995).

Celibates. A second group of persons who are at risk of being childless elderly are Catholic nuns and priests and others who are celibate. These persons have made a choice to remain childless for the greater cause of serving God or other ideals. Recently there has been dissent within the Catholic Church regarding this sacrifice. Some groups are calling for a change, and there have been reports of a significant number of clergy leaving the profession for this reason. This may lead to a downward growth trend of this group.

Gay Men and Lesbians. A third group is composed of gay men and lesbian women. It is generally accepted that 10 percent of the population, including the elderly population, are homosexual (Cook, 1991). There are some who had children during a prior heterosexual relationship, and some who have children through artificial insemination or adoption, but the majority will remain childless due to their sexual orientation. Because of the growing acceptance of homosexuality, and reduced pressure to charade heterosexuality, fewer homosexual persons will attempt to hide their sexual

preferences by having children. This may lead to a growth in the proportion of homosexuals who will be childless elderly.

Infertile. A fourth group are those who want to have children but are unable to due to fertility and other medical problems. In 1982, 38.4 percent of women age 35 to 44 who had no prior births had some medical impairment which reduced the likelihood for pregnancy. In 1988, there were 30.6 percent (U.S. Bureau of the Census, 1992). This group may continue to grow smaller but even with present-day medical technology and the adoption option there will still be many who are unable to become a parent. Limiting factors are medical, financial and social (Houghton & Houghton, 1984).

Situationally Childless. A fifth group includes those who are unable to find a mate, those whose partner dies or those who separate from or divorce their partner before conception, the developmentally or severally physically disabled, and those who are incarcerated or institutionalized throughout their childbearing years. This group also includes those who were declared unfit for parenthood and subjected to compulsory sterilization. This practice began at the turn of the century and by 1960 over 250,000 persons, usually the poor, black or feebleminded had been legally, but forcibly, sterilized (May, 1995). This is rarely done today but those subjected to this procedure in the past are currently or will soon be elderly childless.

Childless by Loss. A sixth group of persons who are childless or who are at risk of being childless in later life are parents who outlive their child or children and who are close to the end or past their childbearing years. The death of a child may happen due to

chronic illness, accident or through the natural aging process. The latter of which has become more prevalent as life span has increased causing a growth in this group.

Functionally Childless. A seventh, and final, group consists of those men and women who have fathered or borne a child (or children) but who have had no opportunity or inclination to develop a relationship with them. This group must be included in the discussion of childless elderly because biological parenthood is less important than the existence of the parent-child relationship. The childrearing role is usually the criterion used in determining parental status and some biological parents may not report being a parent if they did not raise their child(ren) (Perry & Johnson, 1994). The size of this group is on the increase.

Of the several groups of childless elderly identified, four groups, the deliberately childless, gay men and lesbians, the childless by loss and the functionally childless, are expected to increase in size. The other three groups, celibates, infertile and situationally childless, are expected to decrease. The current trend towards social acceptance of alternative lifestyles — such as those deliberately childless, gay or celibate — will have the strongest influence in the growth of the childless elderly population.

Significance of the Problem

An increase in the proportion of the childless elderly is indicative of a fundamental change in family structures in American society. This change may necessitate that policymakers and practitioners develop alternatives to the traditional support networks that have been relied upon in the past (Choi, 1994; Rubenstein et al,

1991). Indeed, the growth of childlessness may be a more significant factor than decreased family size in predicting an increased demand for formal care services (Choi, 1994; Soldo, Wolf & Agree, 1990). The impact of this trend on the elderly becomes dramatic when it is realized that this change and the resulting alterations (and possibly weakening) of informal support networks coincides with the aging of the baby boom population and the resulting growing demands on the threateningly less available formal support networks.

Chapter 2

Review of Relevant Literature

Ever since demographers realized that the rate of childlessness is increasing, and gerontologists realized that this trend may have an impact on support network needs and utilization, there has been an increase in the number and scope of research studies conducted on this population. There is a growing amount of literature which compares childless elderly with those elderly with children on a variety of topical areas including loneliness (Koropeckyj-Cox, 1996; Rubenstein, Lubben & Mintzer, 1994), generativity (Rubenstein, 1996), life satisfaction (Rice, 1989), well-being (Alexander et al, 1992; Connidis & McMullin, 1993), outcomes (Call, 1996; Dykstra, 1996; Dykstra & Liefbroer, 1996; Jylha, 1997), social supports (Cicirelli, 1981; Connidis & Davies, 1990; 1992; Goldberg et al, 1986; Hagestad, 1996; Johnson & Catalano, 1981; Rice, 1989; Rubenstein et al, 1991) and support networks (Choi, 1994; Ikels, 1988; Johnson & Catalano, 1981; Johnson & Troll, 1992; Perry & Johnson, 1994). The present study focuses on the availability and use of support networks.

Review of Literature on Support Networks

Johnson and Catalano (1981) were one of the first to explore the dimensions of support systems of childless elderly in order to clarify the quantity and quality of support which they receive from relatives and friends. They used data from a sample of 167 urban elderly recently released from an acute-care hospital. Twenty-eight (16.8 percent) of the

respondents were childless. A content analysis was conducted on two measures of support for four subgroups of the respondents based on marital and parental status. They counted the number of relatives available to give assistance and to whom the respondent said they would turn to in time of need. All respondents had at least one family member living in the same community. As Table 3 shows, the married respondents without children had the least number of relatives available, and the married respondents with children had the most.

Table 3. Number of Relatives Available to Provide Support to Childless Elderly

Marital Status	Parental Status	n	Mean Number Available
Married	Yes	73	3.2
Married	No	10	1.3
Unmarried	Yes	66	3.1
Unmarried	No	18	2.7

Source: Johnson & Catalano, 1981, p. 613.

A quantitative analysis found that for the married childless, the spouse became the primary caregiver; and for the unmarried childless, other family members, such as siblings, nieces or nephews, became the primary caregiver. However, a qualitative analysis of the caregiving relationships found substantial differences in the amount of time spent and type of support provided. The married, childless respondents received dedicated and comprehensive support from their spouses, with little help from other relatives. The unmarried, childless respondents received distant support from a variety of relatives who served as a manager or facilitator between the respondent and formal support providers.

One apparent weakness of this study is the sample used. The sample is small and not representative of the elderly population. A second weakness is that the authors did not present comparisons of findings for the respondents with children.

Keith (1983) also examined patterns of assistance among elderly parents and childless elderly to determine whether childless elderly are at a disadvantage in receiving assistance from others. Data from structured interviews with 103 childless persons and 448 parents, 72 to 97 years of age, from midwest towns of 250 to 5,000 population, were analyzed. A logit technique was used to examine whether parental status affected whether the respondent managed ten selected activities or whether they received assistance from others. The analysis controlled for possibly confounding variables of marital status and sex.

As Table 4 shows, parental status influenced only whether the respondent received advice from others. Elderly parents more often received advice from others (36.9 percent) than did childless elderly (12.0 percent). For the other tasks, there was never greater than 13 percentage points difference between the two groups and none of the differences were found to be statistically significant.

When the respondents with children did receive assistance, it was provided by the respondent's children, with the exception of yard work where assistance was often hired. When the childless respondents did receive assistance, there is no clear-cut pattern of the source of assistance. The source varied by task. Assistance with laundry and yard work was most often hired. Assistance with meals, errands, shopping, advice, power of attorney

and financial support was most often provided by family members. Assistance with correspondence most often came from friends. Family and friends equally provided assistance with housekeeping.

Again, a major weakness of this study is the small sample which is not representative of the elderly population.

Table 4. Sources of Assistance for Elderly Parents and Childless Elderly

	Self/Spouse		Children	Other Family Members		Friends		Hired	
Task	Parent	Childless	Parent	Parents	Childless	Parent	Childless	Parent	Childless
Laundry	69.5	74.8	20.5	1.4	7.8	1.4	1.0	7.3	16.5
Meals(a)	86.0	88.3	--	10.9	7.8	0.7	1.0	2.3	2.9
Clean(a)	77.5	76.7	--	14.0	10.7	6.3	10.7	2.0	1.9
Errands	67.7	78.4	25.9	1.4	10.8	3.2	6.9	1.8	3.9
Shopping	64.8	76.5	26.9	1.8	11.8	2.3	7.8	4.1	3.9
Advice*	63.1	88.0	32.8	4.1	12.0	--	--	--	--
POA	87.2	90.1	12.5	--	9.9	--	--	--	--
Fin aid(b)	83.9	91.3	12.9	0.6	3.0	--	--	--	--
Corresp.	87.2	93.1	11.2	0.2	2.0	1.1	5.0	1.1	0.0
Yardwork	41.9	42.9	20.7	1.2	5.1	1.4	2.0	35.2	50.0

(a) Children as a response was coded with other members of the family
(b) An "other "category representing more formal source included 2.5 percent and 3.9 percent of parents and children, respectively.

Source: Keith, 1983, p. 53.

Ikels (1988) used qualitative methods to elicit information about support networks. With data from 38 families of Irish ancestry who were part of a larger Harvard Graduate School of Education study, she investigated the life circumstances of older family members and the relationships between members of each family in terms of how these relationships affected caregiving assistance provided to the older family members. In these families, there were 123 members who were 60 years of age or older. There were 34 members (27.6 percent) over 50 years of age that were childless. Semi-structured interviews with at least one family member were conducted to gather qualitative information. Ikels found a pattern of delayed reciprocity from siblings, nieces, nephews

and other kin to childless, elderly members of the family who had previously given up the opportunity of marriage and/or children to care for their elderly family members.

Of the fifteen single, childless elderly members, eleven (73 percent) had served as parental caregivers (see Table 5). Of these, all but one (91 percent) received support from a sibling, niece, nephew or cousin. None of the six widowed, childless elderly members had served as a parental caregiver and only two (33 percent) received support from members of their family of origin. Ikels concluded that cultural expectations of familial support, as manifested in reciprocity, is one of the variables that predicted whether siblings played a role in the support networks of childless elderly. She suggested reciprocity is as important a variable as existence and proximity. One weakness of this study is the small, convenience sample not representative of the elderly population. A second weakness may also be the use of semi-structured interviews as the data collection method. A third weakness is that the analysis did not include a comparison with the respondents of the larger study who did have children.

Table 5. Familial Support and Reciprocity of Childless Elderly

		Former Caregiver		Receive Support	
Marital Status	n	Frequency	Percent	Frequency	Percent
Single	15	11	73	10	91
Married	6	0	0	2	33

Source: Ikels, 1988, p. 109

Perry and Johnson (1994) used interview data from 122 African American, eighty-five years old and older who live in the community to explore the effects of the high rate of childlessness in the very old African American population. As Table 6 shows, they found that the childless elderly had more frequent contact with relatives and received

more instrumental supports from relatives than those with children. There was no significant difference in receipt of expressive supports between those with and those without children. The idea of substitution does seem to operate in this African American sample.

Table 6. Social Networks of African American Childless Elderly and Elderly Parents

	Childless (n = 55)		Parents (n = 67)	
	Number	Percent	Number	Percent
Contacts				
Sibling	7	13	11	16
Relative	29	53	16	24
Friend	50	93	54	81
Instrumental Supports				
Sibling	4	7	5	7
Relative	19	35	9	13
Friend	18	33	14	21
Expressive Supports				
Sibling	16	29	23	34
Relative	31	56	31	46
Friend	40	73	48	72

Source: Perry & Johnson, 1994, p. 46.

The sample of this study was small. The sample also contains only persons who are African American. To counter this possible weakness the authors did present data from a parallel study whose sample was Caucasian.

Soldo, Wolf and Agree (1990) used data from the 1982 National Long-Term Care Survey. They restricted their analysis to widowed, divorced or separated women aged 65 and over with confirmed functional disabilities. Controlling for presence of children, they used a multinomial logit model to estimate the effect of need, resource, and

preference on the outcomes of living arrangements, relationship to primary caregiver and type of care network.

As Table 7 shows, the childless elderly respondents were most likely to live alone. As Table 8 shows, more elderly women without children than elderly women with children relied on unpaid helpers (55.8 percent vs. 37.9 percent to 20.1 percent depending on number of children). One-third of the childless respondents depended on paid helpers (38.3 percent), compared to less than one-fifth of the respondents with children (19.2 percent to 10.0 percent depending on number of children). These findings led the authors to conclude that the availability of offspring is the best determinant of whether an older unmarried woman will live or require formal care services.

Table 7. Probability of Elderly Respondent Living Alone by Number of Children

		No. of Sons				
		0	1	2	3	4
No. of Daughters	0	.80	.66	.67	.68	.69
	1	.65	.66	.67	.68	
	2	.65	.66	.66		
	3	.64	.65			
	4	.63				

Source: Soldo, Wolf & Agree, 1900, p. S243.

In contrast, Choi (1994) used data from the 1984 Longitudinal Survey of Aging National Health Interview Survey to compare the likelihood of formal social service use among three groups of elderly: childless, parents living apart from their adult children, and parents living with their adult children. Of the 7,444 respondents, 19.5 percent were childless. The remainder had at least one child. Of those with children 65.7 percent lived apart from their child(ren) and 14.8 percent coresided with their child(ren).

Table 8. Type of Primary Caregiver of Elderly Respondents by Number of Children

		Primary Caregiver (Percent)			
Number of Daughters	Number of Sons	None	Child	Unpaid Helper	Paid Helper
0	0	.06	.00	.56	.38
1	0	.03	.53	.26	.18
2	0	.02	.64	.20	.14
0	1	.03	.42	.35	.19
0	2	.03	.43	.38	.17
1	2	.03	.54	.31	.13
2	1	.02	.65	.22	.12
2	2	.02	.65	.23	.10

Source: Soldo, Wolf & Agree, 1990, P. S245.

Table 9. Type of Assistance with Extended Illness and ADLs/IADLs for Three Groups of Elderly Respondents

		Childless	Parents Living Apart	Parents Coresiding
	N			
Availability of help with extended illness	7,247			
No help		23.4	14.7	4.2
Relative in household		37.8	42.1	84.9
Non-relative in household		2.7	0.7	0.1
Relative not in household		26.1	39.8	9.9
Non-relative not in household				
Help with difficulty with ADLs	844			
No help		1.6	0.7	0.7
Paid help		20.3	14.5	3.0
Paid and unpaid help		9.4	10.0	12.3
Unpaid help		68.8	74.8	84.0
Help with difficulty with IADLs	1,918			
No help		0.6	0.2	0.0
Paid help		32.2	22.1	3.2
Paid and unpaid help		16.5	16.1	10.1
Unpaid help		50.7	61.6	86.7

Source: Choi, 1994, p. 357.

As table 9 shows, of those respondents with difficulties with ADLs/IADLs, the childless elderly respondents were most likely to use paid help, and least likely to use unpaid help.

Using logit regression models Choi analyzed the social service utilization among the three groups. She found that health care status, not availability of children, was the most important determinant of formal social service use. All else being equal, childless elderly did not use, nor were they more likely to use, more formal social services than elderly parents.

Chapter 3

Methodology

Objectives of the Study

The objective of the present study is to compare the types of assistance available and utilized by the childless elderly with those available and utilized by elderly parents on measures of living arrangements, assistance with selected ADLs/IADLs and assistance with financial management.

The methods and procedures to be used in the present study are presented in this chapter. Assumptions and limitations of the research design will be listed. Terms specific to the present study will be defined. The research hypotheses will be presented. The dataset will be described and its use justified. The questionnaire items and subsamples used will be listed and the activities involved in preparing the data will be described.

Assumptions

The present study assumes that the growth trend of childless elderly will continue for the foreseeable future. It is also assumed that this growth trend will create a need for intervention to which policymakers should respond. Third, urbanization and its effect on the nature of intergenerational relationships is assumed to create a trend towards increased governmental services, including those for the elderly, which replace services historically provided by family members.

Limitations

The present study is limited by its non-experimental survey data-based design which decreases control over contaminating factors in the environment. Second, the present study is limited by the nature of social research and our inability to measure precisely the exchange of services between individuals. Third, not all possible types of needs or assistance can be measured.

In addition, some argue that the ADL and IADL scales do not discriminate the broad range of functionality and needs because a majority of elderly report no ADLs or IADLs (Liang & Whitelaw, 1990).

Definition of Terms

ADLs — Activities of Daily Living, refers to an index of overall performance and functional limitations in self-care activities such as bathing, dressing, using the toilet, transferring, continence and feeding (Katz et al, 1963).

AHEAD — a National Institute of Aging acronym for the Survey of Asset and Health Dynamics of the Oldest-Old.

Childless Elderly — a person or persons 70 years or older with no children ever born.

IADLs — Instrumental Activities of Daily Living, refers to functional limitations in role activities, such as shopping, cooking, and making phone calls (Liang & Whitelaw, 1990).

Elderly — a person or persons 70 years or older.

Primary Caregiver — the person with the most responsibility for providing or facilitating care for another person.

SPSS — refers to SPSS for Windows, a statistical analysis and data management system software package.

Hypotheses

The analyses concerning the differences between childless elderly and elderly parents will be controlled for sex and marital status because the studies reviewed in chapter two found these to affect availability and use of support networks (Ikels, 1988; Johnson & Catalano, 1981; Keith, 1983; Soldo, Wolf & Agree, 1990). They will also be controlled for age and income because these are types of predisposing and enabling determinants which affect care service use as identified by Anderson and Newman (1973). Appropriate regression formulas, either ordinary least squares (OLS) or logistical, will be used to control for these covariants.

1. Childless elderly, as compared to elderly parents, are less likely to receive assistance with ADLs from a relative, controlling for age, sex, marital status and income.

2. Childless elderly, as compared to elderly parents, are less likely to receive assistance with IADLs from a relative, controlling for age, sex, marital status and income.

3. Childless elderly, as compared to elderly parents, are less likely to expect to receive assistance from a relative in the future, controlling for age, sex, marital status and income.

4. Childless elderly, as compared to elderly parents, are more likely to live in a building or community that provides personal care services, controlling for age, sex, marital status and income.

5. Childless elderly, as compared to elderly parents, are less likely to receive assistance with financial management from a relative, controlling for age, sex, marital status and income.

Description of the Dataset

The present study will use data from the Survey of Asset and Health Dynamics Among the Oldest-Old (AHEAD), an auxiliary study of the Health and Retirement Study (HRS) sponsored by the National Institute on Aging. One of the purposes of the AHEAD survey was to gather data on the interplay of resources, including the resources of time and assets of relatives, which are available to the respondent for caregiving, on late life transitions.

The AHEAD survey used a complex sampling design. The parent study, the Health and Retirement Study, was used as a screening instrument to identify community-based individuals 70 years or older in 1993. Half of the eligible individuals 80 or older in 1993 were dropped from the study and replaced with an equal number of parallel individuals from the Medicare Master Enrollment File. All respondents lived in households at the time of interview, thus excluding residents of long-term facilities or other institutions. If more than one individual in a household was eligible, the respondent was selected at random. If the respondent was married and their spouse was younger than

70, the spouse was interviewed to provide additional household information. If the spouse was 70 or older they were interviewed as a second respondent. African Americans, persons of Hispanic origin and residents of Florida were sampled at 1.8 times the probability of the general population.

Data collection was conducted between October 1993 and July 1994 using Computer-Assisted Personal/Telephone Interviewing (CAPI/CATI) using 130 trained interviewers. Table 10 shows the number of completed interviews with the various types of respondents. Over 80 percent of eligible persons were interviewed, for a total of 8,222 interviews (HRS and AHEAD web page, 1996).

Key Terminology of the AHEAD Survey

Only Respondent — a type of respondent who is not married or partnered or not living with spouse or partner; this person is the only eligible respondent residing in the household, and answered all questions about household members, non-resident children and family finances.

Lead, Non-Financial Respondent — a type of respondent where two eligible respondents were residing in the household; this person was the first to complete the interview and answered questions about household members and non-resident children, but not about family finances.

Second, Non-Financial Respondent — a type of respondent where two eligible respondents were residing in the household; this person was the second to complete the

interview, but did not answer questions about household members, non-resident children nor family finances.

Lead, Financial Respondent — a type of respondent where two eligible respondents were residing in the household; this person was the first to complete the interview and answered questions about household members, non-resident children and family finances.

Second, Financial Respondent — a type of respondent where two eligible respondents were residing in the household; this person was the second to complete the interview, did not answer questions about household members and non-resident children, but did answer questions about family finances.

Table 10. Number and Type of Respondents of AHEAD Survey Wave 1, 1993

Type of Respondent	Order Interviewed	Answered Household Questions	Answered Finance Questions	Number of Respondents
Only	Only	Yes	Yes	3,762
Lead, Non-Financial	First	Yes	No	1,115
Second, Non-Financial	Second	No	No	1,088
Lead, Financial	First	Yes	Yes	1,115
Second, Financial	Second	No	Yes	1,102
Total				8,222

Source: HRS and AHEAD web page, 1996.

Reasons for Selecting AHEAD Survey Dataset

There are four reasons why the AHEAD Survey data was selected for use in the present study. First, all the respondents are aged 70 or older. Second, the data collected include information about parental status of respondents. Third, the data collected also include information about support networks, especially kin availability, living arrangements, and sources of assistance for a variety of activities including ADLs/IADLs

and financial management. Fourth, obtaining the AHEAD dataset is both logistically and economically feasible. Feasibility is an important consideration for any research project. The AHEAD dataset, in summary and raw form, can be downloaded from the World Wide Web free of charge. This reason, of course, would not be sufficient if the contents of the dataset were not otherwise appropriate to the problem being studied.

Questionnaire Items and Subsamples

Hypothesis 1. To test whether childless elderly are less likely to receive assistance with ADLs from a relative, the answers to the following questions about dressing, bathing, eating, getting out of bed, and using the toilet will be used. These questions were asked of all respondents.

Does anyone ever help you ADLx?
If yes, do you get that help most/all of the time, some of the time, or only occasionally?
If most/all of the time, who most often helps you ADLx?
What is this person's relationship to you?

Hypothesis 2. To test whether childless elderly are less likely to receive assistance with IADLs from a relative, the following questions about preparing meals, shopping for groceries, making telephone calls, and taking medication will be used. These questions were asked of all respondents.

Are you able to IADLx?
If no [to being able to do any of the four IADLs] who most often helps you?
What is (his/her)relationship to you?

Hypothesis 3. To test whether childless elderly are less likely to expect to receive assistance from a relative in the future the answers to the following questions will be

used. These questions were asked only of those who were not currently receiving assistance with ADLs/IADLs.

Suppose in the future, you needed help with basic personal care activities like eating or dressing. Do you have relatives or friends (besides spouse/partner) who would be willing and able to help over a long period of time?

If yes, is that a (child or other) relative of yours or is that someone else?

Hypothesis 4. To test whether childless elderly are more likely to live in a building or community that provides care services the answers to the following questions about 1) the services of group meals, 2) bathing, dressing or eating, and 3) nursing care or an on-site nurse or special facility for nursing care will be used. These questions were asked only of those respondents who were living in a building or community for persons 60 or older.

Does the place you live offer SERVICEx?

Hypothesis 5. To test whether childless are less likely to receive assistance with financial management from a relative the answers to the following questions will be used. The first series of questions were asked of all respondents. The remaining questions were asked only of those respondents who agreed to continue with an additional module of the survey.

Do you manage your money – such as paying your bills and keeping track of expenses — without anyone's help?
If no, who usually helps you to manage your money?
What is that person's relationship to you?

Do you take care of your day-to-day financial affairs like paying bills, or does someone help you do that?

If someone else helps or does it, who helps you with that?

Do you manage your savings and investments, or does someone help you with that?
If someone else helps or manages, who helps you with that?

Preparing the Data

The AHEAD Survey Wave 1 data were downloaded from the AHEAD website into a compressed SAS executable file. This file was expanded into four separate SAS transport files. The two files containing the variable data needed in this study were then imported into SPSS for Windows version 7.5 using a syntax file. These two files were subsequently edited to include only those variables that will be used in this study, as well as identifying variables. The data were then merged into one file and selected variables were recoded into groups for analysis. Table 11 shows the list of variables that were included for these analyses and the way in which they were recoded or combined, if applicable, in preparation for the analyses. The present analyses will include unweighted data only for those respondents 70 or older.

Table 11. Variables Used to Test Hypotheses, AHEAD Survey Wave 1, 1993

Demographic characteristics
- Age — recoded into age groups [1=70-74; 2=75-79; 3=80-84; 4=85 or more]
- Sex — [1=Male; 2=Female]
- Number of children — recoded into parent and childless groups [1=Childless; 2=Parent]
- Marital status — recoded into married and not married groups [1=Married; 2=Not Married]
- Income — recoded into income groups [1=<$5,000; 2=$5,000-$19,999; 3=$20,000-34,999; 4=$35,000-49,999; 5=$50,000-64,999; 6=$65,000-79,999; 7=$80,000 or more]

Source of assistance with ADLs [0=Non-relative; 1=Relative]
- Need help dressing and who — combined and recoded into relative and non-relative groups
- Need help bathing and who — combined and recoded into relative and non-relative groups
- Need help eating and who — combined and recoded into relative and non-relative groups
- Need help in/out of bed and who — combined and recoded into relative and non-relative groups
- Need help toileting and who — combined and recoded into relative and non-relative groups
- ADL items — combined and recoded into receiving or not receiving help from relatives [0=Not receiving help from relative; 1 through 5=Receiving help from relative]

Source of assistance with IADLs — prepare meals, shop for groceries, use telephone, take medication
- Need help with any IADL and who - combined and recoded into relative and non-relative groups [0=Non-relative; 1=Relative]

Source of assistance in the future — asked only of those not currently receiving help
- Have a source and who — combined and recoded into relative and non-relative groups [0=Non-relatives; 1=Relative]

Place of residence provides care services — asked only of those who live in building or community for persons 60+; group meals, help (bathing, eating, etc.) services, nursing services
- Service provided — combined and recoded into provided or not provided [0=No services; 1=Services provided]

Source of assistance with financial management
- Need assistance with managing money and who — combined and recoded into relative and non-relative groups [0=Non-relative; 1=Relative]
- Someone else helps or does day-to-day financial affairs and who — combined and recoded into relative and non-relative groups [0=Non-relative; 1=Relative]
- Someone else helps or does savings and investment management and who — combined and recoded into relative and non-relative groups [0=Non-relative; 1=Relative]

Chapter 4

Findings

Childlessness

Of the 8,222 respondents to the AHEAD survey, 7,443, or 90.5 percent, were 70 or older. As Table 12 shows, of these 84.8 percent were parents and 15.2 percent were childless. This was in response to the question of number of children ever born to the respondent, and does not include stepchildren or adopted children.

Hypothesis 1

In order to test Hypothesis 1, whether childless elderly are less likely to receive assistance with the ADLs from a relative than are elderly parents, a new variable was created by combining the answers to a series of questions about the sources of assistance with ADLs. This was necessary because separate questions were asked about the source of assistance with each of five ADLs; in contrast, a single question was asked about the source of assistance with all of the IADLs. In order to make a meaningful comparison between sources of ADL and IADL assistance (i.e., Hypothesis 1 vs. Hypothesis 2) comparable variables were needed. Moreover, testing Hypothesis 1 repeatedly for each ADL separately would greatly elevate the experiment-wise error rate. For each of the five ADLs — dressing, bathing, eating, getting out of bed, and toileting — the possible sources of assistance were either relatives or non-relatives. The created variable was

Table 12. Characteristics of AHEAD Survey Wave 1 Respondents, 1993

	All Respondents		Elderly Parent		Childless Elderly	
	Number	Percent	Number	Percent	Number	Percent
	7,443	100.0	6,311	84.8	1,132	15.2
Age:						
85 or older	1,039	14.0	841	13.3	198	17.5
80-84	1,527	20.5	1,258	19.9	269	23.8
75-79	2,084	28.0	1,788	28.3	301	26.6
70-74	2,793	37.5	2,429	38.5	364	32.2
Total	7,443	100.0	6,316	100.0	1,132	100.1
Sex:						
Male	2,905	39.0	2,488	39.4	417	36.8
Female	4,538	61.0	3,823	60.6	715	63.2
Total	7,443	100.0	6,311	100.0	1,132	100.0
Marital Status:						
Not married	3,666	49.3	2,965	47.0	701	61.9
Married	3,777	50.7	3,346	53.0	431	38.1
Total	7,443	100.0	6,311	100.0	1,132	100.0
Household Income:						
Less than $5,000	339	4.6	277	4.4	62	5.5
$5,000-19,999	3,700	49.7	3,099	49.1	601	53.1
$20,000-34,999	1,980	26.6	1,706	27.0	274	24.2
$35,000-49,999	726	9.8	622	9.9	104	9.2
$50,000-64,999	292	3.9	257	4.1	35	3.1
$65,000-79,999	133	1.8	107	1.7	26	2.3
$80,000 or more	273	3.7	243	3.9	30	2.7
Total	7,443	100.1	6,311	100.1	1,132	100.1

Totals may not equal 100.0 due to rounding.

simply a count of the number of times that a relative was a source of assistance. Thus, the new variable could range from a low of 0 (meaning a non-relative is always the source) to a 5 (meaning a relative is always the source). Table 13 shows the sources of assistance for each of the ADLs and for the ADLs as an aggregate.

To test Hypothesis 1, an ordinary least squares (OLS) regression model was estimated in which the amount of ADL support from relatives (0-5) was regressed on the controls of marital status, age, sex and household income plus on the indicator variable of parental status. Preliminary analysis showed a large correlation ($r > .96$) between marital status and source of help, since married elders were virtually always cared for by their spouses. To avoid collinearity, this variable was dropped from the model. The results of the regression are shown in Table 14. Controlling for these other effects, however, the parental status variable added significantly to the model ($t = 3.2$, $p < .05$), using a one-tailed test. A one-tailed test is justified given the direction of the hypothesized relationship. Income and sex did not add significantly to the model; however, age did, where the younger a person is the more likely the will receive assistance from a family member.

To understand the relationship between source of ADL assistance and parental status more fully, the bivariant relationship was examined for each ADL activity separately using chi-square tests. A significant relationship was observed for dressing and bathing ($X^2 = 9.8$ and 8.6, $p < .05$, respectively), but not for getting in and out of bed, eating and toileting (see Table 13).

Table 13. Sources of Assistance with ADLs/IADLs for Elderly Parents and Childless Elderly Receiving Assistance Most of the Time, AHEAD Survey Wave 1, 1993

	Respondents needing assistance most of time		Elderly Parent		Childless Elderly	
	Number	Percent	Number	Percent	Number	Percent
Dressing*						
Relative	229	70.5	211	73.5	18	47.4
Non-relative	96	29.5	76	26.5	20	52.6
Total	325	100.0	287	100.0	38	100.0
Bathing*						
Relative	280	56.1	255	58.8	25	38.5
Non-relative	219	43.9	179	41.2	40	61.5
Total	499	100.0	434	100.0	65	100.0
In/out of bed						
Relative	151	75.1	133	77.3	18	62.1
Non-relative	50	24.9	39	22.7	11	37.9
Total	201	100.0	172	100.0	29	100.0
Eating						
Relative	129	77.7	133	77.3	19	65.5
Non-relative	37	22.3	39	22.7	11	37.9
Total	166	100.0	172	100.0	29	103.4
Toileting						
Relative	94	74.0	84	75.0	10	66.7
Non-relative	33	26.0	28	25.0	5	33.3
Total	127	100.0	112	100.0	15	100.0
All ADLs*						
Relative	428	70.0	392	73.1	36	46.7
Non-relative	185	30.0	144	26.9	41	53.3
Total	613	100.0	536	100.0	77	100.0
IADLs*						
Relative	1,697	82.2	1,504	85.2	193	64.5
Non-relative	367	17.8	261	14.8	106	35.5
Total	2,064	100.0	1,765	100.0	299	100.0

* $p < .05$

Table 14. Predictors of the Source of Assistance with ADLs for Those Needing Help Most of the Time, AHEAD Survey Wave 1, 1993

	Codes	Unstandardized Coefficient	Standard Error	Standardized Coefficient	t
		B		Beta	
Parental status*	1 = Childless; 2 = Parent	.06	.09	.04	3.21*
Age*	(see Table 11)	.01	.00	.14	12.27*
Income	(see Table 11)	.01	.01	.02	1.31
Sex	1 = Male; 2 = Female	.01	.01	.00	-.08
Constant*		-1.09	.10		-10.83*

* $p < .05$

Hypothesis 2

Table 13 shows the sources of assistance for IADLs for elderly parents and childless elderly. In order to test Hypothesis 2, the relationship between parental status and source of IADL assistance (0=non-relative; 1=relative) was examined controlling for age, sex, and income using a logistic regression model. Sex, income, and age contributed significantly to the prediction of source of assistance; as hypothesized, parental status was a significant predictor as well (Table 15). Specifically, males, those with higher incomes and younger persons are more likely to receive assistance from a family member.

Table 15. Predictors of the Source of Assistance with IADLs for Those Needing Assistance Most of the Time, AHEAD Survey Wave 1, 1993

	Codes	B	Standard Error	X^2
Parental status*	1 = Childless; 2 = Parent	1.15	.14	64.31*
Age*	(see Table 11)	-.18	.05	10.39*
Income*	(see Table 11)	.23	.06	14.32*
Sex*	1 = Male; 2 = Female	-1.04	.14	54.62*
Constant		1.27	.43	8.81

* $p < .05$

Hypothesis 3

Table 16 shows the expected sources of assistance in the future for those who are not currently receiving assistance and who have a source. In order to test Hypothesis 3, the relationship between parental status and expected source of future assistance (0=non-relative; 1=relative) was examined controlling for age, sex, and income using a logistic regression model. Neither sex, income, nor age contributed significantly to the prediction of source of assistance (Table 17). As hypothesized, however, parental status remained a significant predictor.

Table 16. Expected Sources of Future Assistance for Elderly Parents and Childless Elderly Not Currently Receiving Assistance with ADLs/IADLs, AHEAD Survey Wave 1, 1993

	Respondents not Receiving Assistance		Elderly Parent		Childless Elderly	
	Number	Percent	Number	Percent	Number	Percent
	5,778	77.6	4,906	84.9	872	15.1
Have a source	2,903	50.2	2,541	51.8	362	41.5
No source	2,875	49.8	2,365	48.2	510	58.5
Total	5,778	100.0	4,906	100.0	872	100.0
Type of source:						
Relative	2,629	90.6	2,355	92.7	274	75.7
Non-relative	274	9.4	186	7.3	88	24.3
Total	2,903	100.0	2,541	100.0	362	100.0

Table 17. Predictors of Expected Source of Assistance in the Future for Those Not Currently Receiving Assistance with ADLs/IADLs, AHEAD Survey Wave 1, 1993

	Codes	B	Standard Error	X^2
Parental status*	1 = Childless; 2 = Parent	1.39	.15	91.14*
Age	(see Table 11)	-.01	.12	1.00
Income	(see Table 11)	.00	.05	.01
Sex	1 = Male; 2 = Female	.09	.13	.51
Constant		.54	1.05	.26

* $p < .05$

Hypothesis 4

Hypothesis 4 concerns whether childless elderly are less likely to live in a building or community that provides personal care services than are elderly parents. This information was available only for those respondents living in a building or a community restricted to persons over 60 years of age. Similar to the procedure used to test Hypothesis 1, a new variable was created by combining the answers to a series of questions about whether the service was provided by the building or community (0=no service; 1=services provided). The created variable is a count of the number of services that are available, ranging from a low of 0 (meaning no services were available) to 3 (meaning all three types of services were available). Table 18 shows the number of childless elderly and elderly parents who live in a building or community which provides the individual personal care services — group meals, help services and nursing care — and personal care services as an aggregate.

Table 18. Residence in Building or Community for Persons Over 60 of Elderly Parents and Childless Elderly and Whether Building or Community Provides Personal Care Services, AHEAD Survey Wave 1, 1993

			Parent		Childless	
	Number	Percent of all Respondents	Number	Percent of all Respondents	Number	Percent of all Respondents
All Respondents	7,443		6,311		1,132	
Residence in bldg/comm for persons 60+	710	9.5	577	9.1	133	11.7

	Residence in bldg/comm		Parent		Childless	
	Number	Percent	Number	Percent	Number	Percent
Offer group meals						
Yes	173	24.4	141	24.4	32	24.1
No	537	75.6	436	75.6	101	75.9
Total	710	100.0	577	100.0	133	100.0
Offers help services						
Yes	88	12.4	69	12.0	19	14.3
No	621	87.6	507	88.0	114	85.7
Total	709	100.0	576	100.0	133	100.0
Offers nursing care						
Yes	100	14.1	81	14.1	19	14.4
No	608	85.9	495	85.9	113	85.6
Total	708	100.0	576	100.0	132	100.0
Offer any care services						
Yes	197	27.7	162	28.1	35	26.3
No	513	72.3	415	71.9	98	73.7
Total	710	100.0	577	100.0	133	100.0

* $p < .05$

To test Hypothesis 4, the effect of parental status on living in a building or community with services available is examined controlling for age, sex, and income using an OLS regression model (Table 19). Parental status was not a significant predictor ($t = -.30$, $p > .05$). However, age, income and sex all contributed significantly to the model, where younger persons, those with higher incomes and males more likely to receive assistance from family members.

Table 19. Predictors of Living in a Building or Community which Provides Personal Care Services, AHEAD Survey Wave 1, 1993

	Codes	Unstandardized Coefficient	Standard Error	Standardized Coefficient	t
		B		Beta	
Parental status	1 = Childless; 2 = Parent	-.03	.09	-.01	-.30
Age*	(see Table 11)	.03	.01	.23	6.42*
Income*	(see Table 11)	.09	.03	.12	3.14*
Sex*	1 = Male; 2 = Female	.20	.07	.10	2.71*
Constant		-2.82	.49		-5.81

* $p < .05$

To examine more fully the relationship between parental status and living in a building or community with services available, the bivariant relationship was examined for each possible service separately. A single chi-square test was used for each possible service separately. Again, no significant relationship was observed between parental status and any of the three possible services.

Hypothesis 5

Hypothesis 5 concerns whether childless elderly are less likely than elderly parents to receive assistance with money management from a relative. Table 20 shows the source of assistance for those who receive assistance. For the first question, the effect was also examined controlling for age, sex, and income using a logistic regression model. Neither age, sex nor income contributed significantly to the prediction of whether an individual receives assistance with financial management from a relative; parental status, however, remained a significant predictor (Table 21).

The second and third questions about financial management were asked of only a small portion of the survey participants, as indicated in Table 20. The second question asked who assists with day-to-day financial management. A chi-square test found no significant relationship between parental status and whether a relative provided assistance with day-to-day financial management (X^2 = 2.8, ns). The third question asked who assists with savings and investment management. A chi-square test on the third question did find a significant relationship between parental status and whether a relative provided assistance with managing savings and investments (X^2 = 4.8, $p < .05$). The small size of the samples for these two questions were insufficient to support regression models because the size of the standard error would not permit reasonable comparisons between groups.

Table 20. Sources of Assistance with Financial Management for Elderly Parents and Childless Elderly who Receive Assistance, AHEAD Survey Wave 1, 1993

			Parent		Childless	
	Number	Percent	Number	Percent	Number	Percent
Money management*						
Relative	659	92.3	575	93.6	84	84.0
Non-relative	55	7.7	39	6.4	16	16.0
Total	714	100.0	614	100.0	100	100.0
Day-to-day finances						
Relative	66	83.5	56	87.5	10	66.7
Non-relative	13	16.5	8	12.5	5	33.3
Total	79	100.0	64	100.0	15	100.0
Savings/investments						
Relative	49	57.6	44	63.8	5	31.3
Non-relative	36	42.4	25	36.2	11	68.8
Total	85	100.0	69	100.0	16	100.1

* $p < .05$

Totals may not equal 100.0 percent due to rounding.

Table 21. Predictors of Sources of Assistance with Financial Management for Those Receiving Assistance, AHEAD Survey Wave 1, 1993

	Codes	B	Standard Error	X^2
Parental status*	1 = Childless; 2 = Parent	1.02	0.32	10.22*
Age	(see Table 11)	0.00	0.02	0.01
Income	(see Table 11)	0.08	0.13	0.38
Sex	1 = Male; 2 = Female	-0.55	0.32	2.84
Constant		1.54	1.86	0.69

* $p < .05$

Chapter 5

Discussion

The intent of this study was to determine whether there are differences between elderly parents and childless elderly in the types of assistance that are available to them and utilized by them. The data from a nation-wide survey were used to address five hypotheses. The first hypothesis predicted that childless elderly would be less likely than elderly parents to have a relative provide assistance with ADLs, such as dressing, bathing, eating, getting out of bed and using the toilet. This relationship between parental status and source of ADLs assistance was supported by the data. The second hypothesis predicted that childless elderly would be less likely than elderly parents to have a relative provide assistance with IADLs, such as preparing hot meals, grocery shopping, using the telephone and taking medication. This relationship between parental status and source of IADL assistance was also supported by the data. The third hypothesis predicted that childless elderly would be less likely than elderly parents to expect a relative to be a source of assistance in the future. The data supported this relationship between parental status and expected source of future assistance, as well. The fourth hypothesis predicted that childless elderly would be more likely than elderly parents to live in a building or community that provided personal care services, such as group meals, help services and nursing care. This relationship between parental status and living in this type of building or community was not supported by the data. Finally, the fifth hypothesis predicted that childless elderly would be less likely than elderly parents to have a relative provide

assistance with financial management. The data supported this relationship between parental status and source of assistance with financial management.

Overall, the data supported the idea that childless elderly use more non-family sources for assistance with a wide spectrum of care needs. In other words, the effects of childlessness in later life appear to be broad. They range across a number of different service domains, both present and future. Overall, however, the present study found the effect of childlessness in late life to be small, at least from a group empirical standpoint. For example, the correlation between the created variable representing source of assistance with ADLs and parental status was only 0.08 (Hypothesis 1). Moreover, the examination of childlessness does not explain the whole issue of sources of assistance. For example, it does not explain who takes on the role of caretaker and why. It also does not examine individually the various types of non-relative assistance: friends, neighbors, informal care providers, and formal service providers.

The present study's findings do provide some support for Cantor's hierarchical compensatory theory of social supports (Cantor, 1979). Cantor defines social supports as those separate from the ordinary assistance that family members provide for each other. Rather, social supports are ongoing assistance to those with limitations in the performance of tasks of everyday life. She suggested the need for examining more closely the trends and factors of the changing society which affect the elderly and their demands for care (Cantor, 1994). The increase in childless individuals is one of the trends she

identified. This study provides additional information to add to our understanding of the needs and actions of the growing childless elderly population.

Observations

Several secondary observations about the findings can also be made. The percentage of childless elderly in the AHEAD sample (15.2 percent) roughly corresponds to the percentage of women aged 40 to 44 years of age who were childless in 1992 (see Table 2). This suggests that the sample is fairly representative of the population it is intended to represent.

Marital status was removed as a covariant because the initial analysis found such a strong relationship between it and the provision of assistance from a family members. Spouses are the primary givers and recipients of assistance. The remaining covariates, and their effect on the models, seem also related to marital status. Age contributed to the models for Hypothesis 1, 2 and 4, where younger elderly are more likely to receive assistance from family members. This may be because younger elderly are more likely to be married (i.e. not widowed) and receive needed assistance from their spouse. Sex contributed to the models for Hypothesis 2 and 4 where males are more likely to receive assistance from family members. This may be because men tend to precede their wives in death. This may allow men to receive assistance from their spouses when needed; whereas widowed woman would not have the same resource. Income also contributed to the models for Hypothesis 2 and 4 where those with higher incomes receiving more assistance from family members. Since the analysis was based on household income this

may also be related to marital status because those in married-couple households would likely have higher incomes than those do in one-person (single or widowed) households. In a married-couple household the spouse is likely to provide the assistance needed with IADLs; or, in the case of Hypothesis 4, a higher household income could provide the means to residing in a building or community which provides services. This apparent inter-relatedness of marital status and the other covariates and the strong relationship between marital status and availability and source of assistance makes it especially appropriate that the other covariates — age, sex and income — be used as controls.

In comparing the findings from Hypothesis 3 with those from Hypothesis 1 and 2, it becomes clear that both elderly parents and childless elderly have higher expectations of receiving assistance from a relative than what was actually received. A similar pattern of differences between the expectations and reality of familial assistance was recently explored by Peek et al (1998). This pattern could be further explored using the AHEAD sample with a longitudinal research design using data from both Wave 1and Wave 2 of the survey. Only the Wave 1 data were used in the present study.

The incongruity of the values from the three tests done for Hypothesis 5 may be due to the small number of respondents who responded to the second and third questions. For example, one of the cells in the chi-square test for the second test contained less than 5 respondents. This makes it difficult to get reliable estimates. It was not appropriate to do a logistic regression on this sample size.

Implications

The implication of these findings for practitioners and service providers is that since the childless elderly are more likely to use non-relatives as sources of assistance for their needs this population becomes a reasonable market for a full range of services. In other words, the childless elderly are potential customers for an organization providing any aspect on a continuum of care ranging from assistance with financial and investment management and IADLs, such as shopping and preparing meals, to assistance with ADLs such as bathing and using the toilet.

The implication of these findings for researchers is that parental status and its effect in late life is a topic worthy of additional examination. Significant relationships between parental status and the source of assistance were found which suggests that parental status does have an effect on the conditions of late life. These findings and the prediction that the childless elderly represent a growing population suggests that additional research is warranted.

The implications of these findings for policymakers and program planners is that the childless elderly population may deserve special consideration when developing policies or programs that address assistive needs. For example, a national policy whose goals include facilitating the elderly population in maintaining community residence as long as possible must assure that its programs acknowledge and attempt to compensate for the fact that the norms of filial support may not be applicable for all subpopulations, such as childless elderly. It is known that children most often provide substantial

assistance to their aging parents. This is the normative pattern. But, policymakers should be aware that a substantial amount of caregiving services to the elderly population is provided by non-family sources.

Limitations of Measurements

One limitation of this research was the use of binary variables in the tests of hypotheses. When the underlying latent variable is presumed to be at least amenable to measurement on an ordinal metric (e.g. filial relationship), binary variables represent censored measurements that militate against finding large relationships. The maximum correlation that can be achieved by two binary variables depends on the distribution of the variables, but is generally much less than 1.0. For example, the maximum correlation that can be achieved by two binary variables when the split on one is .90/.10 and the other is .10/.90 is .11 (Gorsuch, 1974). Unfortunately, the use of binary variables was necessitated by the nature of the questions used in the AHEAD survey.

A related limitation derives from the operationalization of the constructs of this study. Since the AHEAD data were gathered without the specific hypotheses of the present study in mind, the operationalization of the constructs is not as direct as it might otherwise be. This raises important issues of validity and measurement reliability. For example, the test of Hypothesis 1 used a created variable that counted the number of times that a respondent indicated that a relative assisted him or her with five different ADLs. Alternatively, in the test of Hypothesis 2, respondents answered a single question about who provided most of the help with IADLs. While the former variable offered

greater measurement precision and reliability because it is not binary, it likely measured something slightly different than the latter measure (i.e., intensity of filial support vs. occurrence of filial support).

Similarly, Hypothesis 4 was tested using a variable constructed from a series of questions about services provided by the respondent. A more direct test of a hypothesis which predicts whether childless elderly were more likely to live in a building or community which examines personal care services would have been to ask the respondents why they sought out the specific living arrangement they have in order to determine whether the provision of personal care services and the lack of other sources of assistance were motivating factors affecting their living arrangements. Unfortunately such direct measures were not available in the data.

Suggestions for Further Research

The growth in the size of the childless elderly population should be a concern for practitioners, researchers and policymakers. Given the importance of assuring that sources of assistance are available to all in need, additional research with more direct measures should be conducted.

It would be informative to look at the diversity of the childless elderly population. The independent variable of parental status might be better defined on a continuum representing the dual factors of parental intent and parental reality and ranging from those who intended not to have children and did not to those who intended to have multiple children and did. In between these extremes would be, for example, those who intended

to have children but whose lifestyle (such as becoming clergy, being in a same-sex relationship or being incarcerated) or medical problems (such as infertility) prevented it and those who intended to have more children than they actually did. This would provide for better tests of the hypothesis of interest in this study.

It would be informative to look at the diversity of sources of assistance. The dependent variable might be defined on a continuum of care resources which would better represent the fluidity and overlap of the components. The possible components include close and extended family members, friends and neighbors, informal care provided by churches and associations, non-profit care agencies and organizations, and formal and professional care organizations.

It would also be informative to have direct measures of the triad of factors affecting the use of services: predisposing factors, enabling factors, and illness level factors (Anderson & Newman, 1973). Future research should strive to acquire and use more direct measures of the resources and sources of assistance that are available, the type of assistance that is needed, and the reasons why one particular source is used over other sources available.

Conclusion

The present study found that the lack of or presence of children does appear to effect who assists an elderly person with care needs. The effects appear small but broad. The size of the effect may be a result more of the research and measurement design and the use of secondary analysis techniques than of the reality of the circumstances. Further

research focusing on the childless elderly population with better measures and techniques is clearly warranted.

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